



## ISSUE FEE AND/OR PUBLICATION FEE TRANSMITTAL

This form is an equivalent of Part B of the Notice of Allowance and Fee(s) Due, and is in compliance with the requirement on how to reply to the Notice (Item II, Page 1 of Notice)

### CURRENT CORRESPONDENCE ADDRESS

30869 7590 1/13/2010

LUMEN PATENT FIRM  
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### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO (571) 273-2885, on the date shown below:

Patricia Shepherd (Depositor's name)

/ Patricia Shepherd / (Signature)

2/23/10 (Date)

Application No.	Filing Date	First Named Inventor	Docket No.	Confirmation No.		
10/821756	4/8/2004	Bradley E. Johanson	S03-093/US	2458		
Title: <b>EVENT HEAP: A COORDINATION INFRASTRUCTURE FOR DYNAMIC HETEROGENEOUS APPLICATION INTERACTIONS IN UBIQUITOUS COMPUTING ENVIRONMENTS</b>						
Appl. Type	Small Entity	Issue Fee Due	Pub. Fee Due	Prev. Paid IF	Total Fee Due	Date Due
nonprovisional	YES	755	300	\$0	\$1055	4/13/2010
Examiner		Art Unit	Class-SubClass			
TIV, BACKHEAN		2451	709/205			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363): <input type="checkbox"/> Change of correspondence address attached. <input type="checkbox"/> "Fee address" indication attached.		2. For printing on the patent front page list firm name:  <b>LUMEN PATENT FIRM</b>				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT. Unless an assignee is identified below, no assignee will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (City and State or Country)						
03/01/2010 H1 ESTAR2 00000056 10821756 01 FC:2501 755.00 OP 02 FC:1504 300.00 OP						
Please check the appropriate assignee category/categories: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation or Private Group Entity <input type="checkbox"/> Government						
4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee <input type="checkbox"/> Advance Order - # of Copies _____			4b. Payment of fee(s): <input type="checkbox"/> Check is enclosed <input checked="" type="checkbox"/> Payment by credit card (form is attached) <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account No. _____ (enclose extra copy)			
5. Change in entity status (from previous established status) <input type="checkbox"/> a. Applicant claims SMALL ENTITY status <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status						

### SIGNATURE OF APPLICANT, REGISTERED ATTORNEY, OR REGISTERED AGENT

SIGNATURE	/ Ron Jacobs / Reg.No. 50,142	DATE	2/23/10
PRINTED NAME	Ron Jacobs	REG. NO.	50,142